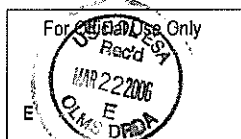


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8484</u>	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name EDWARD J GAUTREAUX P.O. Box, Bldg., Room No., if any Street 32215 LA HWY 16 City DENHAM SPRINGS State Louisiana ZIP Code + 4 70726	4. Name, file number, and address of labor organization. Name CARPENTERS LOCAL 1098 Labor Organization File Number 017-160 P.O. Box, Building and Room Number, if any Street 6755 AIRLINE HWY City BATON ROUGE State Louisiana ZIP Code + 4 70805
5. Position in labor organization. FINANCIAL SECRETARY	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

3-10-06
Date

(225)927-6176
Telephone Number

Name of Person Filing EDWARD GAUTREAUX	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name LA. CARP. REG. COUNCIL TRAINING TRUST FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8875 GREENWELL SPRINGS ROAD</p> <p>City BATON ROUGE</p> <p>State Louisiana ZIP Code + 4 70814</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name LA. CARP. REG. COUNCIL TRAINING TRUST FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8875 GREENWELL SPRINGS ROAD</p> <p>City BATON ROUGE</p> <p>State Louisiana ZIP Code + 4 70814</p>	<p>11.a. Nature of such dealing.</p> <p>As training coordinator Ed's duties involve out of town travel. As a full time employee of the fund he is reimbursed under specific documentation accounting guidelines. All travel cost are from normal business expenditures. All cost approved by board.</p>
	<p>11.b. Approximate dollar value of such dealing. \$777</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Ed has no financial interest, nor economic interest other than as a full time employee of the trust fund.</p>
	<p>12.b. Amount. \$0</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>